STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155670	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF NEWBURGH	5233 ROSEBUD LN NEWBURGH, IN 47630

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaint IN00134833. Complaint IN00134833 Substantiated - Federal/State deficiencies related to the allegations are cited at F309 and F441. Survey dates: September 10, 11, 12, 2013 Facility number: 011049 Provider number: 155670 AIM number: 200258520 Survey team: Anne Marie Crays, RN Census bed type: SNF/NF: 87 Total: 87 Census payor type: Medicare: 10 Medicaid: 64 Other: 13 Total: 87 Sample: 8 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.	F000000	Enclosed please find our plan for deficiency identified during the complaint survey on September 12,2013. The facility respectfully request a desk review of our plan of correction. We believe that historically we have demonstrated commitment to our plans of correction and have deleivered consistant quality outcomes. We appreciate your consideration of our request for desk review.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed on September 17, 2013, by Jodi Meyer, RN			

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F000309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Based on observation, interview, and record review, the facility failed to assess an abdominal wound at least weekly, for 1 of 4 residents reviewed for skin integrity who had a wound and infection, in a sample of 8. Resident A Findings include: 1. On 9/10/13 at 6:35 P.M., during the initial tour, LPN # 1 indicated she was unsure which residents had open wounds. LPN # 1 then checked her report sheet, and indicated Resident A had a surgical wound. On 9/11/13 at 9:45 A.M., the clinical record of Resident A was reviewed. A hospital history and physical, dated 8/12/12, indicated: "Chief Complaint: Infected abdominal pain pump pocket and also infection in the left loin along the catheter...." A hospital discharge summary, dated	F000309	CORRECTIVE ACTIONS Complete skin/ wound assessment was done on resident A. Physician orders were obtained for wound culture of surgical wound. Resident A was placed on contact isolation pending wound culture results. Care plan has been reviewed and updated. Wound culture results were negative for MRSA contact isolation was discontinued per physician order. IDENTIFICATIONS OF OTHER RESIDENTS POTENTIALLY AFFECTED All residents in the facility have the potential to be affected Skin/ wound assessments completed on all residents in facility All nurses in serviced by SDC or designee on weekly skin assessments/ wound measurements and wound classification. QUALITY ASSURANCE Weekly skin assessment/ wound measurements will be completed on all residents by license nursing staff weekly. ADON/ unit manager or designee will audit weekly skin / wound assessments 5x/weekly	10/02/2013

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	8/18/13, indicated: "...She had removal of infected pain pump which was done on 08/12/13...Infectious disease was also consulted. She was treated with vancomycin [antibiotic]. She has a wound vac at this point...Discharge Medications:...Vancomycin per pharmacy dosing until 09/02...." A hospital transfer form, dated 8/19/13, indicated: "Adm. [admission] Diagnosis: Infection...[left] abd [abdomen] - wound vac continues...Pos [positive] MRSA in wound...." A Resident Progress Note, dated 8/19/13 at 2:00 P.M., indicated: "...readmitted from [name of hospital]...DX [diagnosis] MRSA in wound...has a wound vac [with] surgical incision 6.5 [centimeters] x 1.0 x 0.5 [with] bloody drainage changed wound vac...." Resident Progress Notes included the following notations: 8/29/13 at 2:00 A.M.: "Res. [resident] refused wound vac drsg [dressing] to be changed...notified [primary physician] triage that a wet to dry dressing was placed on abd wound. Triage will update [primary physician]		times 2 months 3x weekly x 2 months the weekly x2 months . Wounds will be audited by unit manager s or designee weekly. Findings of the above stated audits will be reviewed by the QA committee monthly for further recommendations and to monitor continuing compliance, ongoing. COMPLETION DATE 10/02/2013	

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	in AM." 8/29/13 at 10:50 A.M.: "Refused to allow wound vac to be placed...has a dsg [dressing] on Abd...on Vancomycin 1 gm [gram] [every] 24 [hours] for MRSA...Call placed to [surgeon] informing that wound vac is removed left message...." 8/29/13 at 12:00 P.M.: "Attempted to apply wound vac. Res refused to let staffing placed [sic] wound vac will cont to try." 8/31/13 at 6:30 A.M.: "...Res.had apparently pulled PICC line out...." 8/31/13 at 10:20 A.M.: "DC [discontinue] PICC line [and] IV Vancomycin. Call if s/s [signs and symptoms] of infection...." The resident was not started on an oral antibiotic. The most recent entry regarding the abdominal wound was dated 9/6/13 at 2:40 P.M.: "Tx [treatment] cont to areas. Good tissue [and] healing noted...." A Comprehensive Care Plan, dated 9/3/13, indicated, "Resident has active infection in: Wound." The Approaches included: "Isolation			

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	precautions as ordered. Obtain Labs/cultures and notify results to physician as ordered...." A care plan regarding the wound infection was not found prior to 9/3/13. On 9/11/13 at 1:45 P.M., a wound assessment was requested. A surgical wound was observed on the left lower abdomen. Packing was observed in the wound bed. The wound bed appeared red, without surrounding redness. A small amount of bloody drainage was observed on the foam dressing covering the packing. LPN # 2 indicated she had changed the dressing that morning. LPN # 2 indicated the wound was requiring wet-to-dry dressings, which was then covered with a foam dressing. LPN # 2 indicated the foam dressing held the drainage better, as a previous dry gauze dressing allowed drainage to seep underneath. On 9/12/13 at 10:45 A.M., the DON and ADON indicated there was no weekly wound assessment of the abdominal wound available. On 9/12/13 at 2:00 P.M., the DON provided a "Weekly Non-Pressure Skin Condition Report." The DON indicated the document was in the treatment book, and he didn't know			

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	that it had not been already reviewed. The report indicated the wound on the "Lt [left] side of Abd" was first assessed upon re-admission on 8/19/13. A notation, dated 9/7/13, indicated, "Wound vac removed, Size in CM [no size documented], Full Thickness, Color, Red - lacks evidence of healing, Exudate [drainage] Bloody, Scant, Progress No change, Treatment, Continue Treatment." The next entry, dated 9/11/13, indicated: "Size in CM, 6 x 0.4 x 0.4 cm, Color, Red - lacks evidence of healing, Exudate type, Bloody, Exudate Amount, Scant...Progress, No change, Continue Treatment." The DON indicated the wound should have had assessment and measurements documented on 8/26/13, 9/2/13, and measurements on 9/7/13. The DON indicated he measured the wound on the evening of 9/11/13. 2. On 9/12/13 at 1:45 P.M., the corporate nurse provided the current facility policy on "Skin Management and Prevention," revised August 2013. The policy included: "...All wounds will be tracked on the specific Weekly Wound Tracking Form (tracking forms for Pressure/Non-Pressure, Surgical, Vascular, and Other). Review all			

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	residents with wounds and other skin concerns during the weekly Quality Assurance/Performance Improvement (QAPI) Meeting." This Federal tag relates to Complaint IN00134833. 3.1-37(a)			

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F000441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation, interview, and record review, the facility failed to	F000441	CORRECTIVE ACTIONS Complete skin/ wound	10/02/2013

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	initiate isolation precautions for a resident with a wound infection, for 1 of 2 residents reviewed in isolation, in a sample of 8. Resident A Findings include: 1. On 9/10/13 at 6:35 P.M., during the initial tour, LPN # 1 indicated she was unsure which residents had open wounds. LPN # 1 then checked her report sheet, and indicated Resident A had a surgical wound. On 9/10/13 at 7:30 P.M., during interview with the Director of Nursing (DON) and interim Administrator, the DON indicated there were no residents in the facility with a MRSA infection. On 9/11/13 at 9:45 A.M., the clinical record of Resident A was reviewed. A hospital history and physical, dated 8/12/12, indicated: "Chief Complaint: Infected abdominal pain pump pocket and also infection in the left loin along the catheter...." A hospital discharge summary, dated 8/18/13, indicated: "...She had removal of infected pain pump which was done on 08/12/13...Infectious disease was also consulted. She was		assessment was done on resident A. Physician orders were obtained for wound culture of surgical wound. Resident A was placed on contact isolation pending wound culture results. Care plan has been reviewed and updated. Wound culture results were negative for MRSA contact isolation was discontinued per physician order.\ IDENTIFICATIONS OF OTHER RESIDENTS POTENTIALLY AFFECTED All residents in the facility have the potential to be affected All facility residents on antibiotic therapy were audited to verify associated diagnosis and to ensure that appropriate isolation precautions are in place if indicated. All staff in serviced by SDC or designee on infection control, isolation types/precautions, handwashing, handling, storage, processing, and handling of linens to prevent spread of infection. QUALITY ASSURANCE Infection control audits will be completed SDC or designee 5x/weekly times 2 months 3x weekly x 2 months the weekly x2 months Findings of the above stated audits will be reviewed by the QA committee monthly for further recommendations and to monitor continuing compliance, ongoing. COMPLETION DATE 10/02/2013	

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	treated with vancomycin [antibiotic]. She has a wound vac at this point...Discharge Medications:...Vancomycin per pharmacy dosing until 09/02...." A hospital transfer form, dated 8/19/13, indicated: "Adm. [admission] Diagnosis: Infection...[left] abd [abdomen] - wound vac continues...Pos [positive] MRSA in wound...." A Resident Progress Note, dated 8/19/13 at 2:00 P.M., indicated: "...readmitted from [name of hospital]...DX [diagnosis] MRSA in wound...has a wound vac [with] surgical incision 6.5 [centimeters] x 1.0 x 0.5 [with] bloody drainage changed wound vac...." Resident Progress Notes included the following notations: 8/29/13 at 2:00 A.M.: "Res. [resident] refused wound vac drsg [dressing] to be changed...notified [primary physician] triage that a wet to dry dressing was placed on abd wound. Triage will update [primary physician] in AM." 8/29/13 at 10:50 A.M.: "Refused to allow wound vac to be placed...has a			

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	dsg [dressing] on Abd...on Vancomycin 1 gm [gram] [every] 24 [hours] for MRSA...Call placed to [surgeon] informing that wound vac is removed left message to call facility back...." 8/29/13 at 12:00 P.M.: "Attempted to apply wound vac. Res refused to let staffing placed [sic] wound vac will cont to try." 8/31/13 at 6:30 A.M.: "...Res.had apparently pulled PICC line out...." 8/31/13 at 10:20 A.M.: "DC [discontinue] PICC line [and] IV Vancomycin. Call if s/s [signs and symptoms] of infection...." The resident was not started on an oral antibiotic. The resident was transferred to a different room on 9/3/13. The most recent entry regarding the abdominal wound was dated 9/6/13 at 2:40 P.M.: "Tx [treatment] cont to areas. Good tissue [and] healing noted...." A Comprehensive Care Plan, dated 9/3/13, indicated, "Resident has active infection in: Wound." The Approaches included: "Isolation			

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	precautions as ordered. Obtain Labs/cultures and notify results to physician as ordered...." A care plan regarding the wound infection was not found prior to 9/3/13. On 9/11/13 at 1:45 P.M., a wound assessment was requested. A surgical wound was observed on the left lower abdomen. Packing was observed in the wound bed. The wound bed appeared red, without surrounding redness. A small amount of bloody drainage was observed on the foam dressing covering the packing. LPN # 2 indicated she had changed the dressing that morning. LPN # 2 indicated the wound was requiring wet-to-dry dressings, which was then covered with a foam dressing. LPN # 2 indicated the foam dressing held the drainage better, as a previous dry gauze dressing allowed drainage to seep underneath. LPN # 2 indicated the resident had not been on isolation precautions since being transferred to that room, approximately 1 week prior. On 9/11/13 at 1:50 P.M., during interview with LPN # 3, she indicated Resident A had not been on any certain type of isolation precautions since readmitted to the facility on 8/19/13.			

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	On 9/12/13 at 8:20 A.M., during interview with the interim Administrator, he indicated he reviewed the resident's record on the evening of 9/11/13. He indicated the resident's wound vac was a closed system, and that was why the resident was not on isolation precautions when she was first readmitted. He indicated physicians do not like to reculture wounds with MRSA after being treated. He indicated he obtained lab work from the hospital which showed only the pain pump itself was infected. On 9/12/13 at 8:45 A.M., hospital lab work was reviewed. The lab work included: "Culture...Specimen Description: Abdominal Pain Pump Pocket...Few Methicillin Resistant Staph Aureus...." On 9/12/13 at 10:45 A.M., the DON and ADON indicated there was no weekly wound assessment of the abdominal wound available. On 9/12/13 at 2:00 P.M., the DON provided a "Weekly Non-Pressure Skin Condition Report." The DON indicated the document was in the treatment book, and he didn't know that it had not been already reviewed.			

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	The report indicated the wound on the "Lt [left] side of Abd" was first assessed upon re-admission on 8/19/13. A notation, dated 9/7/13, indicated, "Wound vac removed, Size in CM [no size documented], Full Thickness, Color, Red - lacks evidence of healing, Exudate [drainage] Bloody, Scant, Progress No change, Treatment, Continue Treatment." The next entry, dated 9/11/13, indicated: "Size in CM, 6 x 0.4 x 0.4 cm, Color, Red - lacks evidence of healing, Exudate type, Bloody, Exudate Amount, Scant...Progress, No change, Continue Treatment." The DON indicated the wound should have had assessment and measurements documented on 8/26/13, 9/2/13, and measurements on 9/7/13. The DON indicated he measured the wound on the evening of 9/11/13. The DON did not indicate why the resident was not on isolation precautions. 2. On 9/12/13 at 1:30 P.M., the interim Administrator provided the current facility policy on "MRSA - Management of Recurrent Skin and Soft Tissue," revised August 2011. The policy included: "Strategies for the management of recurrent skin and soft tissue infections with methicillin-resistant Staphylococcus			

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	aureus are consistent with current practice guidelines...CDC [Centers for Disease Control] recommends contact precautions when the facility...deems MRSA to be of special clinical and epidemiologic significance. The components of contact precautions may be adapted for use, especially if the resident has draining wounds or difficulty controlling body fluids...." This Federal tag relates to Complaint IN00134833. 3.1-18(j)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155670	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 09/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIGNATURE HEALTHCARE OF NEWBURGH	5233 ROSEBUD LN NEWBURGH, IN 47630

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE